DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII	LDIN	G 01,02		
		155583	B. WIN	IG _			1/2012
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			l	STREET ADDRESS, CITY, STATE, ZIP CODE 1367 S RANDOLPH ST GARRETT, IN 46738			<u>-</u>
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	3	{K (000]	}		
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/16/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/11/12 Facility Number: 000499 Provider Number: 155583 AIM Number: 100266120 Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR survey, Miller's Merry Manor was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the East, West, Back and Center halls and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. The original one story building was determined to be of Type I (332) construction and fully sprinklered. The new addition was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and sleeping rooms in the Rehabilitation Center. Battery operated smoke detectors are used in the sleeping rooms of the original section of the building. The facility has a						
LABORATORY	 DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000499

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01,02		(X3) DATE SURVEY COMPLETED	
		155583	B. WING		01.	R / 11/2012	
	ROVIDER OR SUPPLIER MERRY MANOR		13	EET ADDRESS, CITY, STATE, ZIP COI 67 S RANDOLPH ST ARRETT, IN 46738	•		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{K 000}		age 1 Robert Booher, Life Safety edical Surveyor on 01/13/12.	{K 000}				
{K 000}	INITIAL COMMEN	-	{K 000}				
	Code Recertification						
	Survey Date: 01/1	1/12					
	Facility Number: 0 Provider Number: AIM Number: 1002	155583					
	Surveyor: Amy Ke Specialist	lley, Life Safety Code					
	found in complianc Participation in Med Subpart 483.70(a), 2000 edition of the Association (NFPA and 410 IAC 16.2.	, Miller's Merry Manor was e with Requirements for dicare/Medicaid, 42 CFR Life Safety from Fire and the National Fire Protection) 101, Life Safety Code (LSC) The 2001 addition of the as surveyed with Chapter 18, Occupancies.					
	be of Type I (332) of sprinklered. The name of Type V (000) sprinklered. The far with smoke detection	cory building was determined to construction and fully ew addition was determined to construction and fully acility has a fire alarm system on in the corridors, spaces					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/17/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01,02			(X3) DATE SURVEY COMPLETED	
		155583	B. WIN	G			\ 1/2012	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR			1	136	ET ADDRESS, CITY, STATE, ZIP CODE 67 S RANDOLPH ST IRRETT, IN 46738	-	-	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO DEFICIEN		ON SHOULD BE COMPLETION HE APPROPRIATE COMPLETION DATE		
{K 000}	Rehabilitation Center detectors are used in orginal section of the	Battery operated smoke the sleeping rooms of the building. The facility has a d a census of 62 at the time	{K C	000}				